



IFW

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/715 909	
	Filing Date	11/18/2003	
	First Named Inventor	Karen Lee Metzger et al.	
	Art Unit	2872	
	Examiner Name	Lee, Y My Quach	
Total Number of Pages in This Submission	12	Attorney Docket Number	02-111

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement regarding Inventorship Certificate under 37 CFR 3.73(b) Supplemental ADS	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bohan, Mathers & Associates, LLC
Signature	
Date	November 16, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Peter J. Somerville		
Signature		Date	November 16, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
 APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or
 Application No. 10/715 909, filed on 11/18/2003.
 as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought:

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above:

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Karen Lee Metzger

Signature: _____ Citizen of: US

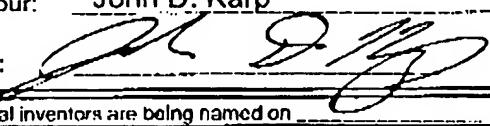
Inventor two: Kathryn L. Mullins

Signature: _____ Citizen of: US

Inventor three: Lisa J. Paquet

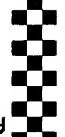
Signature: _____ Citizen of: US

Inventor four: John D. Karp

Signature:  Citizen of: US

Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you find required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/715909 Confirm. No.: 2534
Filing Date: 11/18/2003
Inventor: Karen Lee Metzger et al.
Title: VIEWING APPARATUS
Art Unit: 2872
Examiner: LEE, Y My Quach
Attorney Docket No.: 02111

To:
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Correction of Inventorship Pursuant to 37 C.F.R. § 1.48(a)

Dear Sir:

When the above-cited application was filed, one of the co-inventors was inadvertently omitted from the Declaration. Applicant requests herewith that the inventorship be amended. Enclosed are a Declaration and a statement from the omitted inventor that the omission occurred without any deceptive intention.

Also enclosed is a Supplemental Application Data Sheet that incorporates information on the omitted inventor and also on an assignee.

RECORDED IN 37 C.F.R. § 1.12(d)(2)

11/16/04

Respectfully submitted,



Patricia M. Mathers

Attorney for Applicants
Reg. No. 44,906
Bohan, Mathers & Associates, LLC
P. O. Box 17707
Portland, ME 04112-8707
(207) 773-3132

Date: November 16, 2004

Enclosed:
Declaration
Statement
Suppl. ADS



STATEMENT REGARDING INVENTORSHIP OF
PATENT APPLICATION 10/715,909

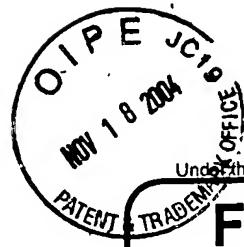
I, John D. Karp, do hereby state that the error in inventorship in the utility patent application 10/715,909, filing date Nov. 18, 2003, occurred without any deceptive intention on my part.

Signature

Date

To the best of my knowledge and belief, this copy is a true copy of the original document.

Patricia M. Mathers, Attorney of Record



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	10/715 909
Filing Date	11/18/2003
First Named Inventor	Karen Lee Metzger et al.
Examiner Name	Lee, Y My Quach
Art Unit	2872
Attorney Docket No.	02-111

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:
 Deposit Account Number
 Deposit Account Name

 501517
 Bohan, Mathers & Associates

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00)

SUBMITTED BY

Name (Print/Type)	Patricia M. Mathers	Registration No. (Attorney/Agent)	44,906	Telephone	207-773-3132
Signature	<i>Patricia M. Mathers</i>				

(Complete if applicable)

Date November 16, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/715,909
Filing Date	11/18/2003
First Named Inventor	Karen Lee Metzger
Title	Viewing Apparatus
Group Art Unit	2872
Examiner Name	LEE, Y My Quach
Attorney Docket Number	02-111

I hereby appoint:

Practitioners at Customer Number
OR

24124

*Place Customer
Number Bar Code
Label here*

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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Practitioners at Customer Number

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

Applicant/Inventor:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Karen Lee Metzger, President & CEO
Signature	
Date	November 13, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**CERTIFICATE UNDER 37 CFR 3.73(b)**Applicant Metzger, Karen Lee, et al.Application No.: 10/715,909 Filed: 11/18/2003Entitled: VIEWING APPARATUSPrecision Medical Technology, LLC, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

certifies that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of an undivided part interest

in the patent application identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 014521, Frame 0599, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

November 13, 2004
DateKaren Lee Metzger
SignatureKaren Lee Metzger

Typed or printed name

President / CEO

Title



Supplemental Application Data Sheet

Application Information

Application number:: 10/715,909
Filing Date:: 11/18/2003
Suggested classification::
Suggested Group Art Unit:: 2872
Title:: Viewing Apparatus
Attorney Docket Number:: 02-111
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 5
Small Entity:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Karen
Middle Name:: Lee
Family Name:: Metzger
Name Suffix::
City of Residence:: Falmouth
State or Province of Residence:: ME
Country of Residence:: US
Street of mailing address:: 21 Hedgerow Drive
City of mailing address:: Falmouth

State or Province of mailing address:: ME
Country of mailing address:: US
Postal or Zip Code of mailing address:: 04105
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kathryn
Middle Name:: L.
Family Name:: Mullins
Name Suffix::
City of Residence:: Cape Neddick
State or Province of Residence:: ME
Country of Residence:: US
Street of mailing address:: 158 Logging Road
City of mailing address:: Cape Neddick
State or Province of mailing address:: ME
Country of mailing address:: US
Postal or Zip Code of mailing address:: 03902
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lisa
Middle Name:: J.
Family Name:: Paquet
Name Suffix::
City of Residence:: Biddeford
State or Province of Residence:: ME
Country of Residence:: US
Street of mailing address:: 276 Hill Street

City of mailing address:: Falmouth
State or Province of mailing address:: ME
Country of mailing address:: US
Postal or Zip Code of mailing address:: 04005
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: D.K.
Family Name:: Karp
Name Suffix::
City of Residence:: Freeport
State or Province of Residence:: Maine
Country of Residence:: US
Street of mailing address:: 260 Lower Flying Point Road
City of mailing address:: Freeport
State or Province of mailing address:: Maine
Country of mailing address:: US
Postal or Zip Code of mailing address:: 04032

Correspondence Information

Correspondence Customer Number:: 24124

Representative Information

Representative Customer Number:: 24124

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/427,432	11/19/2002

Assignee Information

Assignee name::	<u>PRECISION MEDICAL TECHNOLOGY,</u> <u>LLC</u>
Street of mailing address::	<u>158 LOGGING ROAD</u>
City of mailing address::	<u>CAPE NEDDICK</u>
State or Province of mailing address::	<u>MAINE</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>03902</u>